PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

1159-1004-006

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY			RTHAN
TOTAL CLAIMS			14		· · ·		1			OR 7		ENTITY
					<u> </u>			RATE	FEE	-	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			14 minus 20=		•			XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =					X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less				ss than zero, enter *(column 2		TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II										,	OTHER	
		(Column 1)	-	(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE /
	Total	- 10	Minus	-2	0	=		X\$ 9=	•	OR	X\$18=	/
	Independent	* 2	Minus			=		X43=		OR	X86=	
Ļ.,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
·								TOTAL			TOTAL	/
		(Column 1)		(Colum	n à\	(Caluma 3)	A	DDIT. FEE		U11 /	ADDIT. FEE	/
_		CLAIMS		HIGHE		(Column 3)			ADDI	r		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		= .	▎┢	X43=		أ	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		┟			OR		
							L	+145=		OR	+290=	
		•					Αľ	TOTAL DOIT, FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Columi	n 2)	(Column 3)		•	٠.			·
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	IR ISLY	PRESENT EXTRA			ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	1	=		X\$ 9=		OR T	X\$18=	
	Independent	•	Minus	***		=	\vdash	X43=				
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						` 	^***	(°	OR	X86=	
] -	145=	lo)R	+290=	
H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									DR A	TOTAL	
and H	the "Highest Nur	nber Previously Pai ber Previously Paid	d For IN THIS	S SPACE is I	ess than	3. enter "3."		DIT. FEE		~	DDIT. FEEL	
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